

State of Louisiana—Office of Telecommunications Management

Circuit Order Form

Due Date _____

OTM Order # _____

Page 1 of _____

Date _____ SANS/FACS Code _____ Dept _____

Office _____ Section _____ Unit _____

Contact _____ Telephone _____ Approved By _____

Action Required

Install New Circuit	_____	
Disconnect Circuit	_____	Circuit ID _____
Add Drop(s)	_____	Circuit ID _____
Disconnect Drop(s)	_____	Circuit ID _____
Change Drop Location/Address	_____	Circuit ID _____
Inmove Drop within Office	_____	Circuit ID _____

Service Required

Synchronet Service	_____	MegaLink Service	_____
Point-to-Point	_____	Clear Channel (B8ZS)	_____
MultiPoint	_____	Extended Super Frame (ESF)	_____
Speed	_____	FlexServ Termination	_____
(2.4, 4.8, 9.6, 19.2, 56, 64)	_____	Education Tariff	_____
Secondary Channel Service	_____	Jack Type	_____
FlexServ Termination	_____		
Educational Tariff	_____		
Jack Type	_____		

Analog Service	_____	MegaLink w/ Channel Svc	_____
2 or 4 Wire Data Circuit	_____	Basic System Capacity	_____
2 or 4 Wire Interface	_____	(24, 48, 96, etc.)	

Other _____

Note: Please note remarks for Feature Activation type (Trunks, Tie, Line, Date, etc.) and quantity.

FlexServ Termination	_____
Jack Type	_____

Master Billing _____

Earning/Inventory Billing Number _____

FlexServ OTM Number _____

Remarks _____

State of Louisiana—Office of Telecommunications Management

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Due Date _____

OTM Order # _____

Page 2 of _____

Master: Office: _____

Building: _____

Floor: _____ Room: _____

Street: _____

City: _____

Zip: _____

Contact: _____ Telephone: _____

Local telephone number at the drop location: _____

(If not the same number as the contact telephone number)

Access Hours: _____

Jack Interface: _____

BellSouth to extend/run inside wiring from demarc to terminal/PC location:

Yes _____ No _____ Special Conditions/instructions: _____

Driving instructions if located on highway or rural route: _____

Other remarks: _____

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Circuit Order Form

Due Date _____

OTM Order # _____

Page 3 of _____

Drop 2: Office: _____

Building: _____

Floor: _____ Room: _____

Street: _____

City: _____

Zip: _____

Contact: _____ Telephone: _____

Local telephone number at the drop location: _____

(If not the same number as the contact telephone number)

Access Hours: _____

Jack Interface: _____

BellSouth to extend/run inside wiring from demarc to terminal/PC location:

Yes _____ No _____ Special Conditions/instructions: _____

Driving instructions if located on highway or rural route: _____

Other remarks: _____

State of Louisiana—Office of Telecommunications Management

Circuit Order Form Add-On

Due Date _____

OTM Order # _____

Page _____ of _____

Drop __: Office: _____

Building: _____

Floor: _____ Room: _____

Street: _____

City: _____

Zip: _____

Contact: _____ Telephone: _____

Local telephone number at the drop location: _____

(If not the same number as the contact telephone number)

Access Hours: _____

Jack Interface: _____

BellSouth to extend/run inside wiring from demarc to terminal/PC location:

Yes _____ No _____ Special Conditions/instructions: _____

Driving instructions if located on highway or rural route: _____

Other remarks: _____

Instructions for Office of Telecommunications Management Circuit Order Form (OTM-12)(Revised 7/95)

PAGE 1

Due Date For OTM use only. Due date will be established by OTM upon receipt of order.

OTM Order # For OTM use only.

Page 1 of ____ Total number of pages in the order.

Date The date the order is prepared by the agency or TC.

SANS/FACS Code Billing cost center number to which the circuit is billed.

Dept. Department requesting the service.

Office Office requesting the service.

Section Section requesting the service.

Unit Unit requesting the service.

Contact Person on site where the circuit work will be performed.

Telephone Telephone number of the contact person.

Approved By Signature of the TC.

Action Required Check the type of action requested.

Service Required Check the type of service requested including the Speed required and the Jack type.

Master Billing For OTM use only.

Earning/Inventory Billing Number For OTM use only.

FlexServ OTM Number For OTM use only.

Remarks Include any remarks which are pertinent to the service order.

PAGE 2 This page requests information on the master circuit.

Due Date For OTM use only.

OTM Order # For OTM use only.

Page 2 of ____ Total number of pages in the order.

Master Originating or starting point of circuit.

Office Office the circuit is serving.

Building Building where the office is located.

Floor/Room Floor and room number of the office.

Street Physical location of the building. Do not give a post office box.

City City where the building is located.

Zip Code Zip code for address given above.

Contact	Contact person at the circuit site.
Telephone	Telephone number of the contact person.
Local Telephone Number	Local telephone number at the drop site.
Access Hours	Business hours of the office.
Jack Interface	Type of jack with which the circuit interfaces.
BellSouth to extend/run inside wiring from demarc to terminal/PC location	Check yes or no.
Special Conditions/ Instructions	Include any special conditions or instructions for the installation of the circuit.
Driving Instructions	Give as much detail as possible on how to reach location.
Other Remarks	Include any remark that is pertinent to the completion of the service.

PAGE 3

The second additional drop assigned to the Master for a multi-point circuit should be described on page 3.

ADD-ON PAGE

Each additional drop assigned to the master circuit should be described on an Add-On page. Use a separate copy of the Add-On page for each drop.

For assistance in completing this form, call 225-342-7797 or 225-342-7758.